

RECEIVED
CENTRAL FAX CENTER

3966

FEB 26 2007PTO/SB/97 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: **Srihari Kumar et al.**
Case: **P3966** Application No.: **09/854,222** Filing date: **05/10/2001**
Art Unit: **3693** Examiner: **Daniel S. Felten**
Subject: **Interactive Funds Transfer Interface**

Certificate of Transmission under 37 CFR 1.8Attention: **Daniel S. Felten**, Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 02/26/2007

Date


SignatureSheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

Total Sheets Transmitted - 11

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Response D - 8 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 768-1755 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.

FEB 26 2007

Method of Transmission: Facsimile

CASE DOCKET NO. P3966

In reference to application of Srihari Kumar et al.

Serial No. 09/854,222

For Interactive Funds Transfer Interface

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

**** CLAIMS AS AMENDED ****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	24	Minus	** 25	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys
Reg. No. 35074Central Coast Patent Agency, Inc.
3 Hangar Way, Suite D
Watsonville, CA 95076
(831) 768-1755

FEB 26 2007

Method of Transmission: Facsimile

CASE DOCKET NO. P3966

In reference to application of Srihari Kumar et al.

Serial No. 09/854,222

For Interactive Funds Transfer Interface

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

***** CLAIMS AS AMENDED *****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	24	Minus	** 25	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys
Reg. No. 35074Central Coast Patent Agency, Inc.
3 Hangar Way, Suite D
Watsonville, CA 95076
(831) 768-1755

COPY

RECEIVED
CENTRAL FAX CENTER
FEB 26 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3693

Examiner: Daniel S. Felten

In Re: Srihari Kumar et al.
Case: P3966
Serial No.: 09/854,222
Filed: 05/10/2001
Subject: Interactive Funds Transfer Interface

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Response D